CONFIDENTIAL CLIENT INFORMATION

Welcome to Water Lily. In order to make your session as enjoyable and comfortable as possible, we would appreciate it if you would take a moment to fill out this questionnaire regarding your personal health. Thank you.

NAME: _____ HM PHONE: _____ WK PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____ MARITAL STATUS: _____

OCCUPATION: _____ REFERRED BY: _____

HAVE YOU EVER RECEIVED MASSAGE THERAPY BEFORE? ☐ YES ☐ NO

TYPE OF MASSAGE EXPERIENCED: ☐ DEEP TISSUE ☐ SWEDISH ☐ OTHER: _____

ARE YOU TAKING MEDICATION? ☐ YES ☐ NO PLEASE DESCRIBE: _____

_____

HAVE YOU CONSUMED ALCOHOL IN THE PAST 24 HOURS? ☐ YES ☐ NO

ARE YOU PREGNANT? ☐ YES ☐ NO

DO YOU HAVE A HISTORY OF THE FOLLOWING?

☐ accident	☐ sprains	☐ diabetes
☐ neck pain	☐ seizures	☐ varicose veins
☐ whiplash	☐ abdominal pain	☐ high blood pressure
☐ headaches	☐ nervous tension	☐ stroke
☐ disk problems	☐ cancer	☐ heart attack
☐ decreased range of motion	☐ allergies to oils or perfumes	☐ arthritis, bursitis or gout
☐ joint ache	☐ surgery	☐ HIV
☐ mid back pain	☐ breast augmentation	☐ broken bones
☐ any other infectious disease		

DO YOU HAVE ANY OF THE FOLLOWING TODAY:

☐ sunburn	☐ open cuts, bruises, burns
☐ inflammation	☐ irritated skin rash
☐ severe pain	☐ poison ivy
☐ headache	☐ cold/flu

_____

_____

PLEASE READ THE FOLLOWING AND SIGN BELOW:

- v I understand that this massage is not a replacement for medical care and that no diagnosis will be made.
- v I am responsible for paying for any appointment cancellation of less than 24 hours.
- v If you are late for an appointment, treatment time will be extended if at all possible; if times does not allow, you will be charged for the full session.

_____ _____

DATE: SIGNATURE:

PLEASE ADVISE IF YOU ARE ILL — WE MAY NEED TO RESCHEDULE.

PLEASE INDICATE IF YOUR CONSUMPTION IS:

	None	Light	Moderate	Heavy
Salt	☐	☐	☐	☐
Sugar	☐	☐	☐	☐
Caffeine	☐	☐	☐	☐
Tobacco	☐	☐	☐	☐
Exercise	☐	☐	☐	☐
Water	☐	☐	☐	☐

PLEASE INDICATE THE PLACES YOU ARE FEELING DISCOMFORT: